EXHIBIT C

FORM B10 (Official Form 10) (10/05)	
United States Bankruptcy Court	DISTRICT OF Nevada PROOF OF CLAIM
Name of Dubtor USA COMMERCIAL MORTGAGE COMPAN	Case Number
NOTF This form should not be used to make a claim for an administrative expense multiple of the case. A request for payment of an administrative expense multiple of the case.	
Name of Creditor (The person or other entity to whom the dubtor owes money or property) CHARLES B DUNN, IN TRUST DATED 8/12/05 CO CHARLES B DUNN, IN TRUSTEE Name and address where notices should be sent CHARLES B DUNN, IN	giving particulars Check box if you have never received any notices from the bankruptcy court in this
17042 Noviene Way Grass Valley, CA 95949-7161 Telephone number (530) 273-3980	Check box if the address differs from the address on the envelope sent to you by the court. This Space is him Court Use Only
Last four digits of account or other number by which creditor identifies debtor	Check here replaces If this claim amends a previously filed claim dated
Goods sold Services performed Money loaned Personal injury/wrongful death Taxes Other	Retiree benefits as defined in 11 U S C. § 1114(a) Wages salaries, and compensation (fill out below) Last four digits of your SS # Unpaid compensation for services performed from
2 Date debt was incurred 5-27-04	3. If court judgment, date obtained.
Unsecured Nonpriority Claim \$ 345,498 04 Check this box if a) there is no collateral or lien securing you only part of your claim is entitled to priority Unsecured Priority Claim Check this box if you have an unsecured claim all or part of the control of the	Brief Description of Collateral Real Estate Motor Vehicle Other
entitled to priority Amount entitled to priority \$	Amount of arrearage and other charges at time case filed included in secured claim, if any \$ 4, 989 o1
Specify the priority of the claim Domestic support obligations under 11 U S C § 507(a)(1)(A) (a)(1)(B)	
Wages salaries, or commissions (up to \$10 000),* carned within days before filing of the bankruptcy petition or cessation of the debition whichever is earlier - 11 U S C \$ 507(a)(4) Contributions to an employee benefit plan - 11 U S C \$ 507(a)	*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter
5 Total Amount of Claim at Time Case Filed Check this box if claim includes interest or other charges in ad-	(unsecured) (secured) (priority) (Total) Idition to the principal amount of the claim. Attach itemized statement of all
interest of additional charges	
 6 Credits The amount of all payments on this claim has been making this proof of claim 7 Supporting Documents Attach copies of supporting documents orders invoices itemized statements of running accounts, contragreements and evidence of perfection of lien DO NOT SEN documents are not available explain. If the documents are voluments are not available explain. If the document of the finaddressed envelope and copy of this proof of claim. 	nenis, such as promissory notes, purchase racts court judgments, mortgages, security ND ORIGINAL DOCUMENTS If the iminous, attach a summary
Date Sign and print the name and title, if any, of file this claim (attach copy of power of atto	the creditor or other person authorized to orney if any) Thistee Trustee Trustee

	iat Point 10) (10/05)					
	BANKRUPTCY COURT	Dr.	TRICT O	F Nevad	<u> </u>	PROOF OF CLAIM
Name of Debtor	JSA Commercial Mortgage Company	Case	Number (06-10725-	LBR	
	hould not be used to make a claim for an admini uest" for payment of an administrative expense m					
Name of Creditor (*debtor owes money	The person or other entity to whom the or property)	else	has filed	a proof of ci	re that anyone arm relating to	
Rosan	ne L. Clark a single woman	giv	ng perticu	lers	of statement	
Name and address	where notices should be sent		ces from		ver received any tey court in this	
2350 High Terri Reno, NV 8950	9	Che	ck box if		inffers from the ent to you by	THIS SPACE IS FOR COURT USE ONLY
Telephone number			COURL.	[]		THIS SHALE BY CALCULAT CONTY
Last four digits of a identifier debtor	ecount or other number by which creditor		ck here us claim	replaces amends	a previously fi	led clasm, dated
Money Persons	sold sperformed		U W	ages salarie ast four dign apaid compo om	es, and compens ts of your SS #	If USC § III4(a) sation (fill out below) vices performed to (date)
	as incurred: 6/04/04	3.	If cou	rt judgmen	t, date obtaine	d.
See reverse side Unsecured Nong Check this be b) your chaim exce only part of your c Unsecured Priori Check this be entitled to priority Amount entitled to Specify the priority of Domestic supp (a)(1)(B) Wages, salaries days before filing of business, whicheve Contributions	priority \$	which is or or in 180 hor's +A	Amou secure Up to \$2 or service \$ 507(a) Taxes or Other - 5 mounts ar with resp	check this bit of setoff) Brief Description Real Estimate of Colonit of arrears dictain, if a claim,	ption of Collate ate Motor liateral \$_\text{U} ge and other chi any \$_\text{UND 2} posits toward pi anel family or h wed to governous icable paragrap adjustment on 4 is commenced on	ral Vehicle Other——— Other——— Oknown Organization case filed included in
Check this box	nt of Claim at Time Case Filed if claim includes interest or other charges in ac		Ln 4 E (unecum ne princip	ed) (ne 4 Ex A (secured) f the claim. Att	(priority) (Total)
making this pro 7 Supporting D orders invoices agreements, and documents are 8. Date-Stamped	e amount of all payments on this claim has bee	nents, such racts, court ND ORIGI uminous, a filing of yo	as promis judgmen NAL DO ttach a sur ur claim,	ssory notes, is, mortgage CUMENTS mmary enclose a sta	purchase is, security if the	THE SINCE IS FOR COURT USE ONLY LED JAN 12 2007
01/10/07	file this claim (attach copy of power of atte Rosanne L Clark	orney, if an	De.	A.	marana tir	USA CMC
					المجموع المراجع المراجع المراجع	## # # # # # ## ## ## ### ### ### ###

Penalty for presenting fraudulent claim Fine of up to \$500,000 or impresonment for up to 5 years, or both. 18 L

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TOTAL DIE (SINCLE) TOTAL		
Unfied States Bankrupicy Court	District of Nevada	PROOF OF CLAIM
Name of Dubtor	Case Number	THOOLOL OF CEALIN
U.S.A Commercial Mortgage Co	06-10725-LB	R
NOTE This form should not be used to make a claim for an admin	istrative expense arising after the commencement	nt
of the case. A request for payment of an administrative expense in	ay be filed pursuant to 11 USC § 503	
Name of Creditor (The person or other entity to whom the debtor owes money or property) Shirley M Collins.	Check box if you are aware that anyone else has filed a proof of claim relating t	
trustecas her some aseparate property	your claim Attach copy of statement	0
wer collins Family trust - dutal 1-29-9	≯	
Name and address where notices should be sent	Check box if you have never received a notices from the bankruptcy court in the	
Shirley M Collins Court 1975 Snow berry Court Telephone number, Ca 92009	case Check box if the address differs from the	
Telephone Suppled Ca 92009	address on the envelope sent to you by	THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor	Check here replaces	THIS DIVICE IS THE COOK! ON CAR!
identifies debtor		filed claim dated 12-15-06
1 Basis for Claim	Retiree benefits as defined	in 11 U.S.C. 8 1114(a)
Goods sold	Wages salaries and compe	ensation (fill out below)
Services performed Money loaned	Last four digits of your SS Unpaid compensation for s	
Personal injury/wrongful death		
Taxes See exhibit A	from(date)	to (date)
2 Date debt was incurred	3 If court judgment, date obtain	
12-16-200	3 If court judgment, date obtain	rea
4 Classification of Claim Check the appropriate box or boxes the	nat best describe your claim and state the amount	unt of the claim at the time case filed
See reverse side for important explanations Unsecured Nonpriority Claim \$	Secured Claim	
	Check this box if your clai	m is secured by collateral (including
b) your claim exceeds the value of the property securing it or if c) only part of your claim is entitled to priority	none or a right of setoff)	
Unsecured Priority Claim	Dilei Description of Colla	teral or Vehicle Other
Check this box if you have an unsecured claim all or part of v	[In Knaw n
entitled to priority	mici 13	harges at time case filed included in
Amount entitled to priority \$	secured claim if any \$ 12	54903
Specify the priority of the claim	Up to \$2.225* of deposits toward:	purchase lease or rental of property
Domestic support obligations under 11 U S C § 507(a)(1)(A) o	or services for personal family or § 507(a)(7)	household use - 11 U S C
(4)(1)(1)	Towar on porolition and d	mental units - 11 USC § 507(a)(8)
Wages salaries, or commissions (up to \$10 000) * earned within days before filing of the bankruptcy petition or cessation of the debit	or s Other - Specify applicable paragra	
days before filing of the bankruptcy petition or cessation of the debte business whichever is earlier 11 U S C § 507(a)(4)	and subject to dejuniment on	4/1/07 and every 3 years thereafter
Contributions to an employee benefit plan 11 U S C § 507(a)(5) with respect to cases commenced o	n or after the date of adjustment
5 Total Amount of Claim at Time Case Filed	\$880,190 34 880,190.24	8880190,24
Check this box if claim includes interest or other charges in add interest or additional charges	(unsecured) (secured) lition to the principal amount of the claim. At	(priority) (Total)
• Credits The amount of all payments on this claim has been making this proof of claim	credited and deducted for the purpose of	THIS SPACE IS FOR COURT USE ONLY
7 Supporting Documents Attach copies of supporting docume	ents, such as promissory notes nurchase	
macro invoices itemized statements of funning accounts contra	Cte Court undersonte montante	
agreements and evidence of perfection of lien DO NOT SENI documents are not available, explain If the documents are voluments are voluments.	DODICINAL POCHTATENTED YES	n N 1 1 20
I o Date-Stamped Copy To receive an acknowledgment of the file	ing of your claim, enclose a stamped self.	FILED JAN 11 20
enverepe and copy of this proof of claim		.
file this claim (attach copy of power of ano	ne creditor or other person authorized to	
1-9-07 Shirley M. Collins, To	tea	USA CMC
Penalty for percentage for the		

United States Bankruptcy Court	Distr	CT O	F Neva	ada	
Name of Debtor	Case Nu				PROOF OF CLAIM
USA COMMERCIAL MORTERGE COMM		6-	107	25-LBR	
NOTE. This form should not be used to make a claim for an adminis					
of the case. A request for payment of an administrative expense ma	ny be fil ed pur	suant to	บเบร	C § 503	
Name of Creditor (The person or other entity to whom the				ware that anyone f claim relating to	
OANIEL D. NEWMAN, TRUSTEE	your cl	aım A	ttach cop	by of statement	
PANIEL D. NEWMAN FEIST DATED 11/1/92	giving				
Name and address where notices should be sent				never received any uptcy court in this	
DAW, EL D. NEWMAN 125 ELYSIAN DRIVE 5=0000 AZ 86336	Case.	hox if t	he addre	ss differs from the	
	address	on the		e sent to you by	THIS SPACE IS FOR COURT USE ONLY
Telephone number 928 282 5466 Last four digits of account or other number by which creditor	the cou		replac	es	
identifies debtor	if this c				ed claim dated
1 Basis for Claim					11 U S C § 1114(a)
Goods sold Services performed	L	J Wa	iges sala st four d	aries and compens igits of your SS #	ation (fill out below)
Money loaned		Un	paid coi	mpensation for sei	vices performed
Personal injury/wrongful death		fro	m		to
Taxes Other				(date)	(date)
2 Date debt was incurred MARCH 1999	3.	f cour	t judgm	ent, date obtaine	d.
4 Classification of Claim. Check the appropriate box or boxes th	hat best descri	be your	claım a	nd state the amoun	of the claim at the time case filed
See reverse side for important explanations.			ed Clain		
Unsecured Nonpriority Claim \$\(\frac{\lambda \text{MS 4 OF EX B}}{\text{C}}\)			Theck thi	s box if your claim	is secured by collateral (including
Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it, or if c) none or					
only part of your claim is entitled to priority		77		scription of Collate	parting .
Unsecured Priority Claim	-	~		Estate Motor Collateral \$120	ll
Check this box if you have an unsecured claim all or part of ventitled to priority		Amour	nt of arre	arage and other ch	arges at time case filed included in
Amount entitled to priority \$	L	secure	d claım,	if any \$L/NE	ZOF EX A
Specify the priority of the claim	ا السا				irchase, lease or rental of property ousehold use - 11 U S C.
Domestic support obligations under 11 U S C. § 507(a)(1)(A) (a)(1)(B)	or — §	507(a)		isonai, ranniy oi i	ousellond use - 11 U 5 C.
Wages salaries or commissions (up to \$10 000),* earned with	19A ==		•	_	ental units - 11 USC § 507(a)(8)
days before filing of the bankruptcy petition or cessation of the debi	tor's				h of 11 U S C § 507(a)()
Contributions to an employee benefit plan - 11 USC § 507(a	71,70				/1/07 and every 3 years thereafter or after the date of adjustment
5 Total Amount of Claim at Time Case Filed.		JUZ	XA A	IN 4 EXA	LNYEXA
Check this box if claim includes interest or other charges in ad		LITSCOURE	rd)	(secured)	(priority) (Total)
interest or additional charges 6. Credits The annual of Property of the Credits The annual of the Credits					
making this proof of claim			-30 101 U	ar harbone or	THIS SPACE IS FOR COURT USE ONLY
7 Supporting Documents Attach copies of supporting documents such as promissory notes, purchase					
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documents are not available explain if the documents are volu				I S II UIC	
Date-Stamped Copy To receive an acknowledgment of the fi addressed envelope and copy of this proof of claim			-	stamped self-	
Date Sign and print the name and wile if any, of file this claim (attach copy of power of atto	the creditor o	r other	person a	authorized to	
JAN 9 file this claim (attach copy of power of atto		و			
2007 DANIEL D NEWMAN	. TRUS	Per	-	ļ	USA CMC
Penalty for presenting fraudulent claim. Fine of up to \$500 000 o	r imprisonmen	t for u	p to 5 ye	ears or both 18	1072502030

ONE DIG (Once on to) (1000)				
United States Bankruptcy Court	Dist	TRICT (F Nevada	PROOF OF CLAIM
Name of Debtor	Case I	Number		
USA COMMERCIAL MORTE CO		16-1	0725-LBR	
NOTE. This form should not be used to make a claim for an administ				t .
of the case A "request" for payment of an administrative expense may	y be filed p	pursuant	to 11 U.S.C § 503	
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lebtor owes money or property) DANIEL 4.1VING TROST AS A MENDED DATED 1-9-98	— cisc		a proof of claim relating to Attach copy of statement	•
AS AMENDED DATED 1-9-78		ng partice		
YOMARK A DANIEL + CATHY A DANIEL Name and address where notices should be sent TRUSTARS			you have never received a	
MARK A DANIEL + CATHY A DANIEL TTES	notic case.		the bankruptcy court in th	nis .
20 REDONDA	Chec	ck box if	the address differs from th	e
PRVINE CA 92626 Pelephone number 714 5442440		ress on th court.	e envelope seat to you by	THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor		ck here	replaces	
lentifies debtor CLIENT 6592	ıf thr	ıs claım	amends a previously	filed claim, dated
l Resis for Claim		R	etiree benefits as defined	m II USC § III4(a)
Goods sold			ages, salaries, and compo	
Services performed			ast four digits of your SS npaid compensation for s	
Money loaned Personal injury/wrongful death			•	•
Times SEG FYILE A'		IT	om(date)	to(date)
Other JEE EXPIDITE				
Date debt was incurred 5-10-2005	3.	If cou	rt judgment, date obtai	ned:
				and of the above of the term of the
Classification of Claim. Check the appropriate box or boxes the See reverse side for important explanations.	at best des			war of the claim at the time case fre
Unsecured Nonpriority Claim \$ 559,993 83			red Claim	
Check this box if a) there is no collateral or lien securing your	r claim, or	I M	Check this box if your clain of setoff)	im is secured by collateral (including
Check this box if a) there is no collateral or lien securing your claim exceeds the value of the property securing it, or if c) is only part of your claim is entitled to priority	none of			
			Brief Description of Colli	tor Vehicle Other
Insecured Priority Claim			All real results Miles	
Check this box if you have an unsecured claim, all or part of wattided to priority	which is	1		
· ·		Securi	ed claim, if any \$ 90.	charges at time case filed included in
Amount entitled to priority \$		L		
Specify the priority of the claim				purchase, lease, or rental of property r household use - 11 U S.C.
Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) OI a)(1)(B)	r	§ 507(a		11000011010 000 - 11 0 0101
		Taxes or	penalties owed to govern	mental umts - 11 USC § 507(a)(8)
Wages, salaries, or commissions (up to \$10,000),* earned within lays before filing of the bankruptcy petition or cessation of the debto pasiness, whichever is earlier 11 U.S.C. § 507(a)(4)	n 180	Other -	Specify applicable paragra	aph of 11 USC § 507(a)()
publicas, whichever is earlier 11 U.S.C. § 507(a)(4)	*An			4/1/07 and every 3 years thereafter
Contributions to an employee benefit plan - 11 U.S.C. § 507(a))(5)	with res	pect to cases commenced	on or after the date of adjustment.
5. Total Amount of Claim at Time Case Filed:	\$		993.83 559.993.8	3 559,493.83
Check this box if claim includes interest or other charges in add	dition to th	(unaccu Drincia	icd) (secured) all amount of the claim. A	(priority) (Total) Itach itemized statement of all
interest or additional charges.				
6. Credits The amount of all payments on this claim has been				
making this proof of claim. 7 Supporting Documents: Attack copies of supporting documents.	credited a	ınd dedu	cted for the purpose of	THIS SPINCE IS FOR COURT USE ONLY
7 Supporting Documents: Attach copies of supporting docume				THIS SPACE IS HIR COURT USE ONLY
Orders, invoices, itemized statements of running accounts control	ents, such	as promi	ssory notes, purchase	THIS SINCE IS HER COURT USE ONLY
orders, invoices, itemized statements of running accounts, contra	ents, such a	as promi judgmen	asory notes, purchase	
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UNITED STATES BANKRUPTCY COURT	Dis	TRICT (F Nevada		PROOF OF CLAIM
Name of Dubtor	Case	Number	101	,00	THOU OF SOME
U.SA COMMERCIAL MORTCAGO CO			10725-		
NOTE This form should not be used to make a claim for an administrative expense ins					
Name of Creditor (The person or other entity to whom the debtor owes money or property) SAMCS O DERY JANN R DERY, HUSBAND & WIFE	you givi	has filed or claim ing partici	you are aware that a proof of claim in attach copy of sta- itars you have never re	elating to tement	
Name and address where notices should be sent 19601 VAN AKEN BIVO	,	ces from	the bankrupicy co	-	
##KER / 473, 04 44122 Telephone number 216/283-2505	Che add the	eck box if ress on th court	the address differs e envelope sent to		THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debtor	1	ck here us claim	replaces amends a pre	viously filed	claim dated
I Basis for Claim Goods sold Services performed Money loaned Personal injury/wrongful death Taxes Other SEE EXACIT A				d compensate your SS # ion for servicto	USC § 1114(a) on (fill out below) es performed (date)
2. Date debt was incurred MARCH 2001	3.	If cou	rt judgment, dat	e obtained [.]	
4 Classification of Claim. Check the appropriate box or boxes the See reverse side for important explanations. Unsecured Nonpriority Claim \$ 396, 673 Check this box if a) there is no collateral or lien securing you b) your claim exceeds the value of the property securing it, or if c) only part of your claim is entitled to priority Linsecured Priority Claim Check this box if you have an unsecured claim all or part of ventitled to priority Amount entitled to priority \$ Specify the priority of the claim	r claim, or none or	Amou secure	check this box if a conscious of setoff) Brief Description Real Estate Value of Collaters and of arrearage and claim, if any	of Colluteral Motor Ve at \$ U.U. d other charge \$ 22,92.	secured by collateral (including shicle Other————————————————————————————————————
Domestic support obligations under 11 U S C. § 507(a)(1)(A) a	U 7	or service § 507(a)	es for personal fa	amily, or hous	ehold use - 11 U S C
Wages salaries, or commissions (up to \$10,000),* carned within days before filing of the bankruptcy petition or cessation of the debt business, whichever is earlier - 11 U S C § 507(a)(4) Contributions to an employee benefit plan - 11 U S.C. § 507(a)	or's 🗐 *A	Other - :	Specify applicable e subject to adjust	paragraph of	al unus - 11 U S C § 507(a)(8) F I I U.S C § 507(a)() 77 and every 3 years thereafter after the date of adjustment.
5. Total Amount of Claim at Time Case Filed		1,396	673 86 14/1	396,673	86 \$1,396,673 86
(inscured) (secured) (priority) (Total) Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.					
 Credits: The amount of all payments on this claim has been making this proof of claim. 				l	HES SPINCES HES FOR COUNTY USE ONLY
7 Supporting Documents: Attach copies of supporting documents orders, invoices itemized statements of running accounts contra agreements and evidence of perfection of lien. DO NOT SEN documents are not available, explain. If the documents are voluing a Date-Stamped Copy. To receive an acknowledgment of the fit addressed envelope and copy of this proof of claim.	acts, count ID ORIGII minous, at	judgmen NAL DO tach a sui	ts, mortgages, sec CUMENTS If th nutary	unty e , self-	ED 1811 7 7 0000
Date Sign and print the name and title, if any, of the fife this claim (attach copy of power of attorn) 1/0/07 Output Out	the credito mey, if any	r or other y)	person authorize	d to	ED JAN 11 2007 USA CMC
					

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Case 06-10725-gwz Doc 8550-	3 En	tered 06/24/11 16:0	9:10 Pag	e 8 of 11
• • • • • • • • • • • • • • • • • • •	PRC	OF OF CLAIM	0.10 T dg	0 0 0 11
Name of Debtor	Case Nu	mber		
USA Commercial Mortgage Company		'25-LBR		
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expansing after the commencement of the case. A "request" for payment of administrative expense may be filed pursuant to 11 U.S.C. § 503 Name of Creditor and Address		Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars	WHOSE LOAN IS	Y OWED MONEY BY A BORROWER BEING SERVICED BY THE DO <u>NOT</u> HAVE TO FILE A PROOF
REDDELL, ELAN CLAN REDDELL TRUSTE- 6770 HAWAII KAI DR #1006 E YAN REDDELL	e	Check box if you have never received any notices from the bankruptcy court or BMC Group in this case	OF CLAIM THIS BORROWER HEI DO NOT FILE TH	INCLUDES MONEY FROM THAT LD IN THE COLLECTION ACCOUNT IS PROOF OF CLAIM FOR A LEST IN A BORROWER THAT IS NOT
HONOLULU HI 96825 ROUO CABLE TRUST 8/4	D加	Check box if this address differs from the address on the envelope sent to you by the	ONE OF THE DE	
Creditor Telephone Number 3 95-15-38		court		E IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies $6 \circ 3$	debtor	Check here replace or if this claim ameri	a previously	filed claim dated
1 BASIS FOR CLAIM	Retree h	penefits as defined in 11 U S		Unremitted principal
Goods sold Personal injury/wrongful death Services performed Taxes	Wages, s	salanes, and compensation (•	Other claims against servicer (not for loan balances)
Money loaned Other (describe briefly) See Stubit A	Unpaid c	compensation for services pe		to (date) (date)
2. DATE DEBT WAS INCURRED /2/15/2004		OURT JUDGMENT, DATE O		year 13 100 a
CLASSIFICATION OF CLAIM Check the appropriate box or boxes that See reverse side for important explanations	t best descri	be your claim and state the amo	unt of the claim at t	he time case filed
UNSECURED NONPRIORITY CLAIM \$ 329703.65		SECURED CLAIM		
Check this box if a) there is no collateral or lien securing your claim or b) exceeds the value of the property securing it or if c) none or only part of your entitled to priority	your claim our claim is	a nght of setoff) Brief description of		red by collateral (including
UNSECURED PRIORITY CLAIM		Real Estate		Other
Check this box if you have an unsecured claim all or part of which is entitled to priority Amount entitled to priority \$		Value of Collateral	\$ UNK	noun
Specify the priority of the claim Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		secured claim, if any	\$ 49234	
Wages salaries or commissions (up to \$10 000)* earned within 180 days		Up to \$2,225* of deposits tows services for personal family of		
before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier - 11 U S C § 507(a)(4) Contributions to an employee benefit plan - 11 U S C § 507(a)(5)		Taxes or penalties owed to go Other - Specify applicable part		
Contributions to an employee benefit plan - 11 0 3 C & 307(a)(3)		* Amounts are subject to adjust with respect to cases comment		
5 TOTAL AMOUNT OF CLAIM \$ 329703.65 \$ (unsecured)	329,0	103,65 \$	(pnonty)	\$ 329703.65 (Total)
Check this box if claim includes interest or other charges in addition to the	e principal	amount of the claim Attach ite	mized statement o	f all interest or additional charges
6 CREDITS The amount of all payments on this claim has been cred 7 SUPPORTING DOCUMENTS <u>Attach copies of supporting docu-</u> running accounts, contracts, court judgments, mortgages, security a DOCUMENTS If the documents are not available, explain If the do	<i>iments,</i> su agreement	ich as promissory notes, pure s, and evidence of perfection	chase orders inv	oices, itemized statements of
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim		·	•	envelope and copy of this
The original of this completed proof of claim form must be sent ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships, or governmental units)	, prevailin corporatio	g Pacific time, on Novembons, joint ventures, trusts ar	er 13, 2006 nd	THIS SPACE FOR COURT USE ONLY
BY MAIL TO BMC Group	BMC Gro			1 IANI 1 0 2007
Attn USACM Claims Docketing Center P O Box 911 El Segundo, CA 90245-0911	1330 Eas El Seguno	CM Claims Docketing Cente t Franklin Avenue do, CA 90245	r) JAN 1 2 2007
DATE SIGN and print the name and title if any of the this claim (attach copy of power of attom ELAN REDDELL TRUST DED STRUST DE STRUST	e creditor or ney if any)	other person authorized to file AN REDD ELL REVU	CABUE	USA CMC

		<mark>de syntheriblika</mark> aylık asobu dorumlar	PRO	OF OF CLAIM	10 Page () 	
Na	me of Debtor		Case Nu	mber			
ال		RCIAL MON7BAGE CO	BK-S	5-06-10725-LBR			
Thi	s form should not be use sing after the commencer	of Debtors and Case Numbers of to make a claim for an administrative ment of the case A "request for paym of be filed pursuant to 11 U S C § 503		Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of		l	
	4001 OAK N HAYWARD	ERNANDES AND FIOLA FERNANDES MANOR CT CA 94542-1445		statement giving particulars Check box if you have never received any notices from the bankruptcy court or BMC Group in this case Check box if this address differs from the address on the envelope sent to you by the court	SECURED INTER ONE OF THE DEI If you have alre Bankruptcy Court	IS PROOF OF CLA LEST IN A BORRO BTORS Bady filed a proof of or BMC you do not E IS FOR COUR	WER THAT IS NOT claim with the need to file again
	editor Telephone Number	r () 576.537-0706 r other number by which creditor identif	fies debtor		<u> </u>	E IS FOR COUR	I USE ONLY
		7442		Check here replain or if this claim amer	. a previously ids	filed claim dated	
17 -	BASIS FOR CLAIM Goods sold	Personaì ınjury/wrongful death	Retiree b	penefits as defined in 11 U S	C § 1114(a)	Unremitted	principal
	Services performed	Taxes	Last four	salaries, and compensation (digits of your SS #		Other claims (not for loan	s against service a balances)
9	Money loaned	Other (describe briefly)	Unpaid c	ompensation for services pe	rformed from	to	
2 [DATE DEBT WAS INCU	RRED 12/05, 2/06	3 IF C	OURT JUDGMENT, DATE C	BTAINED	(date)	(date)
4 (CLASSIFICATION OF CL	LAIM Check the appropriate box or boxes				he time case filed	
1	See reverse side for importar	•		SECURED CLAIM			
	SECURED NONPRIORI Check this box if a) there exceeds the value of the p entitled to priority	is no collateral or lien securing your claim or property securing it or if c) none or only part	or b) your claim of your claim is	Check this box if you a right of setoff)		ed by collateral (i	ncluding
UN	SECURED PRIORITY C	LAIM		Brief description of	_		
	Check this box if you have entitled to priority	e an unsecured claim all or part of which is		Real Estate		Other Knocen w	1 H. 5 7 1
	Amount entitled to priority	\$		Value of Collateral Amount of arrearage ar	nd other charges	at time case filed	
	Specify the priority of the o	claim ons under 11 U S C § 507(a)(1)(A) or (a)(1)((B)	secured claim, if any Up to \$2 225* of deposits towards	-		ty or
		nissions (up to \$10 000)* earned within 180 optoy petition or cessation of the debtor's	days	services for personal family of	or household use 1	1 U S C § 507(a)(7)
	business whichever is ear	rlier - 11 U S C § 507(a)(4)	H	Taxes or penalties owed to go Other Specify applicable part			8)
	Contributions to an employ	yee benefit plan - 11 U S C § 507(a)(5)		* Amounts are subject to adjus	stment on 4/1/07 an	nd every 3 years the	reafter
5 1	TOTAL AMOUNT OF CL	AIM \$	\$ 1.73	with respect to cases comments \$9.3 %	ced on or after the	date of adjustment \$ 1513.	10 2 0
	AT TIME CASE FILED	(unsecured)		ecured)	(priority)	5135938	
12		cludes interest or other charges in addition	to the principal	amount of the claim Attach ite	mized statement of	f all interest or add	
7 :	SUPPORTING DOCU running accounts, contra	of all payments on this claim has been IMENTS <u>Attach copies of supporting of</u> acts, court judgments, mortgages secul couments are not available, explain. If t	<u>documents,</u> su rity agreements the documents	ch as promissory notes pure s, and evidence of perfection are voluminous, attach a sur	chase orders involved of lien DO NO nmary	oices, itemized st T SEND ORIGINA	AL.
	DATE-STAMPED COP proof of claim					envelope and co	py of this
	ACCEPTED) so that it is for each person or entit governmental units)	npleted proof of claim form must be s actually received on or before 5 00 ty (including individuals, partnership	pm, prevailin os, corporation	g Pacific time, on Novembers, joint ventures, trusts ar	er 13, 2006 nd	USE	FOR COURT ONLY
	BY MAIL TO BMC Group	alastana Ocaston	BMC Grou		t 11_11	DOCT 1	ע עטטט
1	Attn USACM Claims Doo P O Box 911 El Segundo, CA 90245-0	•	1330 East	CM Claims Docketing Cente Franklin Avenue to CA 90245	r Į	USA CMO	
DA	9/3-for	SIGN and print the name and title if any this claim (attach copy of power of the copy o	of the creditor or otorney, if any	manet	is and	1072500524	

United Stalls Bankrupicy Court	District of Nevada	
	PROOF OF CLAIM	
Name of Dehtor	Case Number	
USA COMMERCIAL MURTGAGE COMPANY		
NOTH This form should not be used to make a claim for an admini- of the case. A requisit for payment of an administrative expense ma	strative expense arising after the commencement ay be filed pursuant to 11 USC § 503	it .
Name of Creditor (The person or other entity to whom the	Check box if you are aware that anyone	
dubtor owns money or property) FREE DUS MICHAEL	else has filed a proof of claim relating to your claim. Attach copy of statement	
FREEDUS, MICHAEL 2535 LAKE ROAD DELANSON, NY 12053	giving particulars	
Name and address where notices should be sent	Check box if you have never received a notices from the bankruptcy court in the	
MICHAEL FREEDUS 2538 LAKE ROAD	case	15
DELANSON, NY 12053	Check box if the address differs from the address on the envelope sent to you by	e
Telephone number 518 - 864 - 5032	the court	THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor	Check here replaces	
identifies debtor	it this claim amends a previously	filed claim dated
I Basis for Claim	Retiree benefits as defined	
Goods sold Services performed	Wages salaries, and compe Last four digits of your SS	
Money loaned	Unpaid compensation for s	
Personal injury/wrongful death	trom	to
Other SEE EXHIBIT A	(date)	(date)
2 Date debt was incurred	3. If court judgment, date obtain	had
03-02-05	2. A court judgment, date obtain	icu
4 Classification of Claim Check the appropriate box or boxes th	at best describe your claim and state the amount	int of the claim at the time case filed
See reverse side for important explanations	Secured Claim	
Unsecured Nonpriority Claim \$ 355 8/2 10	Check this box if your clair	m is secured by collateral (including
Check this box it a) there is no collateral or lien securing you b) your claim exceeds the value of the property securing it or if c) only part of your claim is entitled to priority	r claim, or a right of setoff)	m is secured by collateral (including
only part of your claim is entitled to priority	Brief Description of Colla	eral
Unsecured Priority Claim	Real Estate Mot	or Vehicle Other
Check this box if you have an unsecured claim all or part of w	which is Value of Collateral \$	INKNOWA!
entitled to priority	Amount of arrearage and other c	harges at time case filed included in
Amount entitled to priority \$	secured claim it any \$	6/ 3/
Specify the priority of the claim	Up to \$2 225* of deposits toward	purchase, lease, or rental of property
Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) of (a)(1)(B)	[]	
Wages salaries, or commissions (up to \$10,000) * earned within	1 1 2 O F	nental units - 11 U S C § 507(a)(8)
days before filing of the bankruptcy petition or cessation of the debte business whichever is earlier 11 USC \$ 507(a)(4)	or s Unier - Specify applicable paragra	
Contributions to an employee benefit plan - 11 U S C § 507(a)	*Amounts are subject to adjustment on with respect to cases commenced of	4/1/07 and every 3 years thereafter n or after the date of adjustment
5 Total Amount of Claim at Time Case Filed	\$ 355 8/2/0 3558/2.	10 355, 8/2.10
Check this box it claim includes interest or other charges in add interest or additional charges	(unsecured) (secured) lition to the principal amount of the claim At	(priority) (Total)
6 Credits The amount of all payments on this claim has been	credited and deducted for the purpose of	7
making this proof of claim	and abducted for the hurbose of	THIS SPACE IS FOR COURT USE ONLY
7 Supporting Documents Attach copies of supporting docume	ents such as promissory notes, purchase	
orders invoices itemized statements of running accounts, contra agreements and evidence of perfection of lien DO NOT SEN	cts court judgments, mortgages, security	
documents are not available explain If the documents are volum		
8 Date-Stamped Copy To receive an acknowledgment of the fil		
addressed envelope and copy of this proof of claim	_	FILED JAN 11 200
Date Sign and print the name and title if any, of the file has claim (attach popy of power of attorn	ne creditor or other person authorized to	FILED JAIN -
1/9/07 // // / / / / / / / / / / / / / / /	incy it ally)	
Thickout her dies muse	HAEL FREEDUS	USA CMC
	" G V F C D V J	L. 8/ 20 8 / 1/ 8 10 / 10 / 10 / 10 / 10 / 10 / 10 / 10

UNITED STAILS BANKRUPICY COURT	District Of Nevada	
Name of Dubtor USA Commercial Mortgage Company	Case Number 06-10725-LBR	PROOF OF CLAIM
NOTH This form should not be used to make a claim for an administrative expense ma		
Name of Creditor (The person or other entity to whom the debtor owes money or property) James Paul Goode IRA C/O First Savings Bank Custodian Name and address where notices should be sent James Paul Goode 401 Puuhale Road	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. Check box if you have never received any notices from the bankruptcy court in this case.	
Honolulu Hi 96819 Telephone number 808-479-0627	Check box if the address differs from the address on the envelope sent to you by the court	THIS STACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debtor	Check here replaces If this claim amends a previously filed of	claim dated
1 Basis for Claim Goods sold Services performed ✓ Money loaned Personal injury/wrongful death Taxes ✓ Other	Retiree benefits as defined in 11 Wages salaries and compensation Last four digits of your SS # Unpaid compensation for service fromto_ (date)	on (fill out below) es performed
2 Date debt was incurred 1/1/2001	3 If court judgment, date obtained	
4 Classification of Claim Check the appropriate box or boxes if See reverse side for important explanations Unsecured Nonpriority Claim \$ 173,334.75 ✓ Check this box if a) there is no collateral or lien securing you be jour claim exceeds the value of the property securing it or if c) only part of your claim is entitled to priority Unsecured Priority Claim Chick this box if you have an unsecured claim all or part of entitled to priority Amount entitled to priority \$ Specify the priority of the claim Domestic support obligations under 11 U S C \$ 507(a)(1)(A) (a)(1)(B) Wages salaries or commissions (up to \$10,000) * earned with days before filing of the bankruptcy petition or cessation of the debt business whichever is earlier 11 U S C \$ 507(a)(4) Contributions to an employee benefit plan - 11 U S C \$ 507(a)	Secured Claim The claim or none or Check this box if your claim is a right of setoff) Brief Description of Collateral Real Estate Motor Ve Value of Collateral \$ Unkr Amount of arrearage and other charge secured claim if any \$ 1,665 25 Up to \$2 225* of deposits toward purch or services for personal family or hous \$ 507(a)(7) Taxes or penalties owed to governmental or in 180 Other - Specify applicable paragraph of *Amounts are subject to adjustment on 4/1/0	chicle Other————————————————————————————————————
5 Total Amount of Claim at Time Case Filed Check this box if claim includes interest or other charges in ad interest or additional charges	\$ 173,334 75 173,334 75 (unsecured) (secured) (pridition to the principal amount of the claim. Attach	173,334 75 nority) (Total) itemized statement of all
6 Credits The amount of all payments on this claim has been making this proof of claim 7 Supporting Documents Attach copies of supporting documents orders invoices itemized statements of running accounts count agreements and evidence of perfection of lien DO NOT SEN documents are not available explain. If the documents are voluments are not available explain. If the documents are voluments are not available explain if the document of the final difference of the final statement	thents such as promissory notes purchase acts court judgments mortgages security ND ORIGINAL DOCUMENTS If the iminous attach a summary illing of your claim enclose a stamped self-the creditor or other person authorized to	HIS SPACE IS FOR COURT USE ONLY LED JAN 10 200 USA CMC

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